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ABSTRACT

Sponsored by the Ounce of Prevention Fund, this report presents a comprehensive look at three Toward Teen Health high school-based, adolescent health centers in Chicago, Illinois. Following a brief introduction, the report provides the rationale for opening adolescent health centers and outlines the principles that guide the centers. Next, a general description of the centers (located at DuSable High School, Rezin Orr Community Academy, and Crane High School) is given, including the centers' goals, physician coverage, available services, parental involvement and confidentiality, and staffing. A step-by-step narrative is given describing what happens when a student visits the center. Data are provided indicating the centers' progress in enrollment, utilization, and reduction in the risk of adolescent pregnancy and low birth weight. The report also includes descriptions of the centers' provision of services, presented in pie-chart format, as well as descriptions of special programs, administration, and funding. (MM)

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Toward Teen Health

The Ounce of Prevention Fund
School-based Adolescent Health Centers

DuSable High School
Rezin Orr Community Academy
Crane High School

PS 021665

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If you want to read more about Ounce of Prevention Fund programs for teens:

Success for Every Teen, part of the Ounce of Prevention Fund Papers series, is an overview of what makes primary prevention programs work. The paper focuses on the Ounce's "Peer Power and ADAM" program in Chicago's elementary schools.

Parents Too Soon Program Fact Sheets, a series of fact sheets explaining the goals and outcomes of the Ounce's statewide programs for pregnant and parenting teens. Each fact sheet emphasizes the long-term consequences and cost savings attributable to program success.

Write or call
The Ounce of Prevention Fund
188 W. Randolph, Suite 2200
Chicago, IL 60601
Phone: (312) 853-6080

The Ounce of Prevention Fund, established in 1982, is a public-private partnership which promotes the well-being of children and adolescents by working with families, communities, and policy makers. Recognizing the family's critical importance in determining children's futures, the Ounce of Prevention Fund focuses on strengthening positive relationships within the family and enhancing the family's capacity to care for its own members. Ounce programs, operating primarily in communities with limited resources, are based on the conviction that it is more caring and effective to promote healthy child development than to treat problems later in life.

THE OUNCE OF PREVENTION FUND
A Public/Private Partnership

Harriet Meyer
Executive Director

Saundra Lightfoot
Director, Toward Teen Health

The Illinois Department of
Children and Family Services

The Pittway Corporation
Charitable Foundation
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Report written by: Rebecca Stone
Research: Shannon Smith-Ross

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ADDENDUM:

The Ounce of Prevention Fund extends its thanks to Dr. Doris McCulley, Medical Director of Provident Hospital and the first Medical Director for the Toward Teen Health,centers. Dr. McCulley was instrumental in launching Toward Teen Health, and we are grateful for her talents and contribution.

Introduction

As part of its commitment to improving the quality of life and services for disadvantaged children and families in Illinois, the Ounce of Prevention Fund founded the Toward Teen Health program, opening the first of three high-school based adolescent health centers seven years ago at DuSable High School. The DuSable center, with funding from the Illinois Department of Public Aid and private contributions from the Robert Wood Johnson Foundation's Community Care Funding Partners Program and others, was joined by the Ounce's second health center at Rezin Orr Community Academy in August of 1986. In 1987, the last health center opened its doors at Crane High School, supported by the Illinois Department of Public Health.

Today, the Ounce faces the challenge of serving more than three thousand high school students each year in Chicago's toughest, most economically depressed neighborhoods. Over the years, the Toward Teen Health program has played a critical role in these underserved communities: helping students find community services despite dwindling availability, combatting chronic school dropout, and forging critical community relationships.

Our medical provider, Mt. Sinai Hospital Medical Center, forms a crucial part of this service community, providing physician coverage and handling many referrals for services the health centers cannot provide on site.

We have also learned more about how to reach out to students and to the community, and have made changes over the years to take advantage of this experience. Most important among those changes was the addition in 1990 of a full-time Health Educator to each health center staff. Classroom health education, community outreach, and special programs have expanded dramatically at all three schools as a result, and more young men have begun to use the health center services. Just this year, the Health Educators have taken health education classes into the feeder elementary schools, helping prepare incoming freshmen to use the health centers from the first day of high school. In addition, we have welcomed the opportunity to work closely with the Local School Councils to keep the health centers responsive to community concerns, begun discussions about expanding the service reach of our clinics, and put into place a new data collection system in order to monitor our progress more efficiently.

Toward Teen Health has also responded to the national crisis of AIDS by expanding the availability of testing for HIV and improving AIDS education opportunities. The rise in HIV infection and soaring rates of sexually transmitted disease among adolescents is of great concern in the high-risk health center communities.

We are proud of Toward Teen Health's record in the schools. Enrollment in the health centers and rates of use have both risen significantly over time. The teenage birth rate of our clinic students is half that of the communities in which we work, and the incidence of low birthweight is lower still. We believe that much of this success is due to staying attuned to the lifestyles, concerns, and needs of a dynamic, energetic, and enigmatic adolescent population that still has to be coaxed into taking advantage of services they desperately need.

This report presents a comprehensive look at the Ounce's three adolescent health centers. Inside are the numbers with which we measure our progress as well as the voices of the centers: the staff that meets the students every day, and the students themselves. We hope this report conveys the complexity of the environment in which the centers operate, the frustration of trying to make a difference in an atmosphere of chronic disappointment and persistent neglect, and the challenges that will be with us well into the future.

Why Adolescent Health Centers?

Children born into poverty are society's most vulnerable population. Growing up in need means a childhood filled with hazards such as substandard nutrition, unsafe surroundings, underfunded and overtaxed schools, and minimal health care. When these children enter high school, they carry with them the consequences of poverty—hypertension, asthma, poor eyesight, heart disease, mental strain, and developmental delays. Early sexual activity, sexually transmitted disease, and unplanned pregnancy are only the more visible outcomes of the multiple risks of poverty. The others, no less damaging to a child's future, are often left undiagnosed and untreated, allowing children to be simplistically mis-labeled "slow learner," "disciplinary problem," or "unlikely to succeed."

The Ounce of Prevention Fund believes that comprehensive health care is essential to helping disadvantaged teenagers overcome the consequences of their surroundings. Comprehensive care means treating the whole person within his or her life context, not just diagnosing disease. Basing that care in the schools helps ensure that the services will reach the maximum number of youth while also enlisting the involvement of parents who are central to reinforcing what their children learn.

The Toward Teen Health school-based health centers embody these guiding principles of the Ounce of Prevention Fund:

➤ That teenagers need comprehensive health services that are affordable, respectful of students' needs and backgrounds, confidential, and convenient.

Health centers are located within the schools, staffed with a team of health care professionals trained in adolescent health, and open during and after school hours. After enrolling (with a signed parental consent form), student visits are completely confidential and free of charge.

➤ That adolescents need consistent care from an adult whom they trust.

Our health center teams are active in school events and get to know the students well. Every effort is made to provide continuity of care-giving from one visit to the next.

➤ That every student visit to the health center is an opportunity to establish trust and to educate young people about caring for themselves.

From drop-in visits for information to physical exams, visits to the health center always mean individual attention and the provision of health information or education. A

physical exam may uncover many needs in addition to the presented problem, and students are encouraged to ask questions of the health care providers.

➤ That helping at-risk adolescents safely navigate their teenage years means addressing multiple issues: poverty, violence, low self-esteem, racism, limited future options, and an unsafe, stressful environment.

From extensive experience with teens in Illinois, the Ounce knows that school dropout, pregnancy, and other risky behaviors stem from the complex interaction of an individual with his or her circumstances. While the health centers cannot cure socioeconomic or environmental ills, the Toward Teen Health teams can help students cope better with those realities, and provide health services within a caring and committed environment. Special programs and health education have focused on these life issues with students, while the medical services reinforce positive, healthy behavior with quality care and services.

➤ That the health center staff must work as a team to address each student's needs within a multiple-risk context.

The health center staff treats the individual, not just the problem: if the physician discovers issues better addressed through counseling, the Social Worker is consulted. If a student in a health education class comes forward privately, the Health Educator can guide him or her to the appropriate health center staff. The Medical Assistant or Secretary routinely follows up with students receiving medication or treatment.. Health center staffs have regular team meetings to discuss better coordination of programs or services.

Why Adolescent Health Centers?

➤ That a teenager who receives quality health care, support and attention early in life, and learns to care for him or herself, will be a healthier, more productive adult.

While striving to improve outreach to the high school population, Toward Teen Health has focused more recently on how better to prepare young people to use the health services. The Ounce's elementary school programs, Peer Power for girls and Awareness and Development for Adolescent Males (ADAM) for boys, emphasize health education and serve as strong links between feeder schools and the Toward Teen Health high schools.

An Overview of the Toward Teen Health Centers

Premise:

The Toward Teen Health centers are school-based comprehensive health clinics designed to accommodate the special needs of the adolescent population: the need for easy access, the need for confidentiality, the need for low-cost care, and the need for respect. Each health center adapts to the community which it serves, encouraging active community involvement and support and allowing a unique focus on the specific health needs of the community. Services address adolescents' physical and emotional well-being, help students avoid unhealthy behaviors that put them at risk of disease and death as well as unwanted pregnancy, and promote their ability and motivation to take advantage of the services available to them. Health services are reinforced through special programs, classroom health education, and school-wide activities such as health fairs and assemblies.

Goals:

The primary goals of the health centers are:

1) To improve the delivery of comprehensive, prevention-oriented health services to adolescents within underserved communities.
2) To improve the birth outcomes of pregnant adolescents and help them stay in school.
3) To help students prevent unwanted pregnancy through abstinence counseling, comprehensive health education, and family planning services for sexually active students.

Physician Coverage:

Physician services (at least three half-days per week at each site) are provided by agreement with Sinai Family Health Centers (SFHC). SFHC's Medical Director, Dr. Climentine Jones, also serves as Medical Director for the Toward Teen Health centers and coordinates the physicians' schedules. All full-time staff at the health centers are supervised by Toward Teen Health program Director Saundra Lightfoot.

Available Services

- Emergency first aid
- Routine physicals
- Sports physicals
- Primary/preventive health care
- Reproductive health care
- Individual or family counseling
- Immunizations
- Diagnosis & treatment of chronic disease
- Diagnosis & treatment of acute illness
- STD testing & treatment
- HIV testing
- Family planning
- Contraceptives
- Prenatal care
- Ultrasound
- EKG

Parental Involvement and Confidentiality

Under agreement with the Chicago Board of Education, all students wishing to use the adolescent health center must have a consent form from a parent or legal guardian on file indicating which specific services may be provided. Parents must be present at the school to sign the form, ensuring that the parent's questions can be answered and allowing the parents to see the health center and meet its staff. After the consent form is filed, all student visits to the health center are strictly confidential.

An Overview of the Toward Teen Health Centers

Staffing:

Supervised by Medical Director Dr. Clementine Jones and Toward Teen Health Director Saundra Lightfoot, each health center team consists of a:

➤ **Physician (part-time).** Each clinic has physician coverage (either Family Practice, OB/GYN or Pediatrician) for twelve hours a week, usually three half-days per week. Physicians are available for consultation or referral at all times.

➤ **Nurse Practitioner/Site Manager.** The Nurse Practitioner (NP) is the full-time medical provider in the health center and coordinates all other activities. With the part-time physician, the NP provides most basic health care, including physicals and gynecological exams, and individual health education. Obstetric/prenatal care is provided by a part-time Obstetrician/Gynecologist.

➤ **Social Worker.** The Social Worker (SW) conducts an initial psycho-social assessment on all students as part of their first visit to the health center. In addition, the SW is available for crisis and short-term counseling and assists students in accessing needed school or community services. The Social Worker coordinates both family planning and prenatal/parenting classes sponsored by the health center and frequently assists with individual health education needs.

➤ **Medical Assistant.** The Medical Assistant (MA) is responsible for maintaining supplies and readiness of the examination rooms, for preparing all students for a medical exam, and for coordinating any lab tests and related paperwork. All students receiving a medical exam have their blood pressure and weight checked and are given a simple blood test. The MA is the link between the student and the attending physician or Nurse Practitioner, and frequently provides a sympathetic ear to a nervous student.

➤ **Health Educator.** The Health Educator (HE) operates mostly outside the health center, providing hundreds of classroom presentations during the year on topics ranging from basic nutrition to self-esteem to AIDS. As the most visible member of the staff in the broader school community, the HE also serves as a spokesperson for the health center, encouraging students to enroll or to use the services, and helping teachers and school staff understand the available services and how the health center can assist them in helping students. The HE also runs special programs, such as the Male Responsibility Group, coordinates special school presentations on health topics, provides some individual health education in the clinic, and brings health education classes into the feeder elementary schools.

➤ **Secretary/Data Entry Specialist.** As in any medical clinic, there is an enormous amount of paperwork. The Secretary/Data Entry Specialist (DES) handles correspondence, sends out notices to students about needed or missed appointments, and is responsible for recording all visits, diagnoses, and actions taken within the clinic. Because State reporting requirements, reimbursement requirements, and the Ounce's own need to monitor health center services all differ, the Data Entry Specialist must coordinate a variety of data in the computer. As part of the health center team, the DES also works with special programs, such as the Student Advisory Council.

A Visit to the Health Center

What happens when a student comes to the health center...
(see chart, facing page)

A Student Enters the Health Center...

A staff member is always available at the front desk to determine two pieces of information: a) is the student enrolled at the health center? (is there a signed parental consent form on file); and b) what kind of help does the student need?

If the student is not enrolled, he or she is advised that a parent or guardian must come to school and fill out the required consent form. Unless it is an emergency, the health center may not treat students without a form on file.

If the Student is Enrolled...

If the student is enrolled, four scenarios are possible: a) the student has a non-emergency problem and needs to make an appointment. The appointment is made, and the student returns at the appointed time and date; b) the student is in need of emergency aid: a new wound, extreme nausea, an asthma attack). Even if the student is not enrolled, emergency aid is delivered when needed. The student is seen immediately by the medical staff or arrangements are made to send the student to an emergency room if necessary; c) the student has an appointment for a medical visit. As soon as possible, the student is taken to an exam room by the Medical Assistant where blood pressure and other vital signs are checked and the student gets into a smock for the exam; d) the student has an appointment to see the Social Worker or wants some information on a particular health topic.

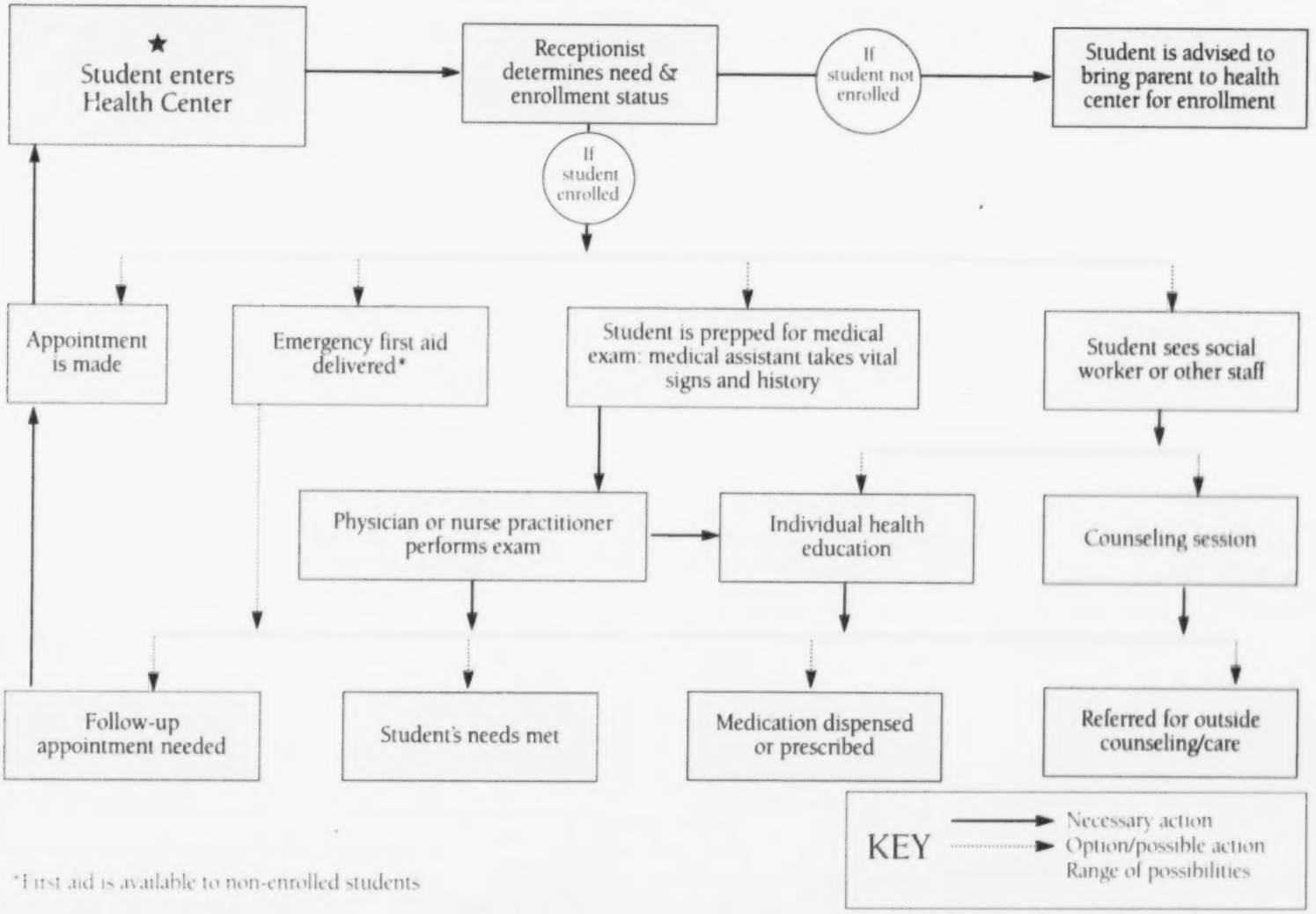
The Student is Seen by a Health Professional...

As stated above, emergencies are handled immediately and the student is either taken care of or referred to a full-service facility. If the student is seeing a Physician or the Nurse Practitioner, the examination is conducted. Every exam is accompanied by health education specific to the student's condition and needs. Students are encouraged to ask questions during physicals, and any medication is explained fully. If the student has an appointment with the Social Worker, he or she will have a private consultation lasting as long as necessary. Requests for information on a variety of health topics are generally handled by the Social Worker, Nurse Practitioner or Health Educator and can be dealt with on a walk-in or appointment basis. A variety of materials (pamphlets, fact sheets and videos) are available to students seeking information.

Need for Follow-up is Determined...

If the student has had a physical or a diagnostic exam, medication may be dispensed or prescribed by the physician, the student may need to make an appointment for a follow-up visit, or the student may be referred to a full-care or specialized care facility for treatment not available in the health center. Similarly, a session with the Social Worker might lead to the resolution of a crisis, or the Social Worker might recommend a follow-up visit or make a referral to another specialized agency. In all cases where follow-up is indicated, the student is aided in making an appointment and health center staff keep in touch with the student to encourage compliance with whatever treatment is recommended.

What Happens in the Health Center...


★ Student enters Health Center
Receptionist determines need & enrollment status
If student not enrolled
Student is advised to bring parent to health center for enrollment
If student enrolled
Appointment is made
Emergency first aid delivered*
Student is prepped for medical exam: medical assistant takes vital signs and history
Student sees social worker or other staff
Physician or nurse practitioner performs exam
Individual health education
Counseling session
Follow-up appointment needed
Student's needs met
Medication dispensed or prescribed
Referred for outside counseling/care
KEY
Necessary action
Option/possible action
Range of possibilities

*First aid is available to non-enrolled students

MEASURING OUR PROGRESS: A Look at the Data

Three Primary Goals:

1. To provide comprehensive health care to adolescents in underserved communities

2. To reduce the risk of low birthweight for babies born to teenagers

3. To reduce the risk of adolescent pregnancy and too-early childbearing

Goal 1: Provision of Health Care *Motivating Students to Use the Services*

Enrollment

Because the parents and schools in which we work actively supported the health centers in their communities, enrollment (the number of students with parental permission slips on file) was strong at the start of all three clinics and has improved over time. At all three schools, however, declining student population means that special efforts must be made each year to inform new students and their parents about the health center services.

How We've Promoted Enrollment

- Running a sign-up booth and tours at report card pick-up day
- Regular attendance at Local School Council to improve community relations
- Blood pressure screening day for parents
- Information sessions at feeder schools for students and staff

Utilization

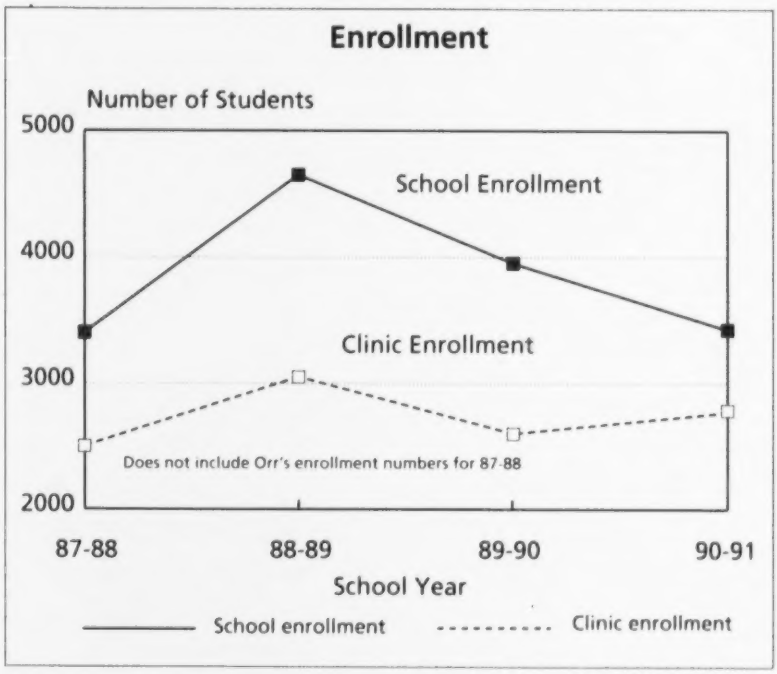
The utilization rate is the proportion of students with permission to use the health services who do so. Some students enter high school highly motivated to study, stay healthy, and use special services available to them. Most do not. One thing we have learned from the adolescent health centers is that adolescents will not use health services just because they're offered. Not only do students need to learn to recognize when and how to use health services, they need to be given positive incentives to put that understanding into action.

How We've Promoted Student Use

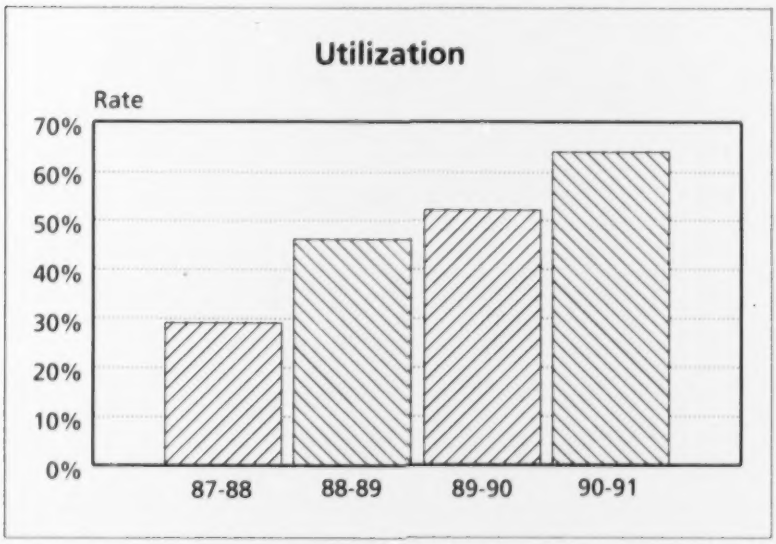
- Expanded program of education and outreach through health educators
- Education and outreach to younger students in feeder schools
- Health fairs and school assemblies
- Special programs for students (see page 16)

Trends in Enrollment and Utilization

School enrollment has been decreasing at all three sites due to shifts in community population (the increase shown for the 88-89 school year is due to the inclusion of Orr data which was unavailable for 87-88). Not surprisingly, health center enrollment reflects the school population trends for the first few years, but also shows a steady improvement after the addition of the health educators (90-91). Current enrollment is approaching school enrollment, with DuSable leading at 94% health center enrollment for the 90-91 school year.



A more important indicator of progress, utilization rates demonstrate the percentage of eligible students actually using the health center services. At all three sites, outreach efforts and word of mouth have given us steady and substantial improvement each year. The increase between 89-90 and 90-91 is also an indication of the health educators' success in raising the visibility of the health centers in the schools.



MEASURING OUR PROGRESS: A Look at the Data

How We've Addressed Low Birthweight

- Regular prenatal check-ups for pregnant teens
- Special prenatal classes and nutrition counseling
- OB/GYN coverage at each health center
- Outreach to pregnant students in school

Goal 2: Reducing the Risk of Low Birthweight *Saving Lives, Saving Dollars*

Community Data

Low birthweight is the leading cause of infant mortality and contributes to myriad neonatal and early childhood complications. In the Toward Teen Health communities, the low birthweight (LBW) rate for teenagers is twice the national rate. Averaged across the three health center communities, the teenage LBW rate is approximately 140 per 1,000 live births.*

Health Center Data

Since 1987, the low birthweight rate for young women who use the Ounce's school-based health centers has been approximately 42 per 1,000 live births, less than one third the rate of the surrounding community.

Averting Low Birthweight: Savings

According to the Office of Technology Assessment (OTA), every low birthweight birth averted represents a potential savings of $30,000.

Within the communities served by the health centers, the high rate of low birthweight births to teens would lead us to expect that 43 of the births to health center teens in the past four years would have been low birthweight. Instead the health centers reported only 13 births as LBW, highlighting the importance of prenatal care and education.

Using OTA's projections, preventing thirty LBW deliveries represents a savings of $900,000. It also means that the mothers were healthier and their children better able to survive and to thrive.

*Community data from IDPH Natality Statistics, 1989, National data from National Commission to Prevent Infant Mortality

Goal 3:
Reducing the Risk of Adolescent Pregnancy
Focusing on the Future

MEASURING OUR PROGRESS: A Look at the Data

Community Data

There is no single predictor of teenage pregnancy. Adolescents who are poor or doing badly in school, or who may have very young parents themselves are considered at high risk for teenage pregnancy. A violent environment and unstable homelife increase an adolescent's reliance on a romantic relationship for a sense of belonging and safety, and a lack of realistic options for the future removes many of the disincentives to early parenthood.

In the communities served by the Ounce's school-based health centers, adolescent pregnancy and childbearing rates are very high. A substantial number of students are entering high school already sexually active, putting them at risk for sexually transmitted diseases, HIV/AIDS, and pregnancy.

Local data on teenage pregnancy is represented by the teenage birthrate. Averaged across the three health center communities, the teenage birthrate is 96 births per thousand teenage women.*

Health Center Data

The teenage birthrate for young women using the health centers is 54 births per thousand teenage women. This represents a significantly lower pregnancy rate for those young women who use the services of the health center.

How We've Addressed Adolescent Pregnancy

- Family planning counseling
- Abstinence counseling
- Classroom presentations on abstinence, contraceptives, self-esteem, dating, decision-making, and reproductive systems
- Counseling on condom use for HIV/AIDS prevention and pregnancy prevention
- Provision of contraceptives
- Male involvement program

*Community statistics from Chicago Area Geographic Information Study, University of Illinois at Chicago

Reflections from the Staff

"One young man—he wasn't enthusiastic about school—he was a senior, going to be graduating the following semester. He was scared of graduating because he didn't know what to do and thought he'd end up out there on the streets like so many of his friends. He joined the Male Responsibility group and we worked with him, but we didn't see a big change in his behavior. Then at the end of the year at the prom, this young man comes up to me and said, "Thanks for everything you've done for me; you helped me set sights on what I wanted to do." He chose to go into the Navy and is doing really well in San Diego. He's a Platoon Leader and his naval recruiter and I talk a lot—he says the young man is doing fine; the Navy is impressed. I'm proud of him. He's going to do well.

The majority of the kids who come to the clinic come in for medical reasons: a cold, the flu, headaches. One young man comes in complaining of headaches. But when the doctor sees him and gets into some detail, we discover that the headaches are due to stress or depression. Once you get into the medical problem, that's when you find out there are other things going on, problems with a girlfriend or something at home. That's how the medical and the more support-oriented components work together.

We run up against lots of myths from home, especially dealing with the young girls. There are certain traditional things all the teen moms have been taught: when a girl has a baby, she can't take a bath for six weeks; she can't wash her hair. To break down those misconceptions, we're treading on thin ice because we can't just say, "well, your momma's wrong." So we have to find a way to get these students to see that they can do things differently without ruining their mothers' image of being a mom and knowing things.

We had three brothers coming in at the same time—all complaining of headaches. But we knew that couldn't be the whole story because all of them had a weight problem, too. The doctor checked them out, and sure enough they all had severe hypertension. They get regular treatment now and are doing much better.

The staff always goes to the prom and graduations. People look forward to seeing us at those functions. The Nurse Practitioner and I stayed late one night to dress for the graduation. We heard a knock on the door and there was this young man—he's the first one to graduate out of his family. And he said, "I just came down to let you see how I looked." He looked nice, he had on a shirt and tie and looked great. And afterwards we caught up with him and said, "we want to meet your parents," and he told us that nobody had shown up.

All these kids have coping skills; some are just able to tap into them more easily than others. Some come here very frightened, especially when there's been a shooting or something. We try to help them identify their coping skills, teach them how to use them. We have them participate in thinking for themselves. Because if they survive one day, they have utilized some coping skills whether it's conscious or unconscious. It is a jungle out there. If they can get down from their apartment and across the street, they're doing great. They cannot let their guard down. These kids are so street-smart; maybe too much for their own good in terms of later life, but to get through high school here they have to be.

Inside Stories

photo/Carol Brussian

In the first week of his freshman year, Steven Lott receives his mandatory immunizations from Cleve Holt, Nurse Practitioner for the Orr health center.

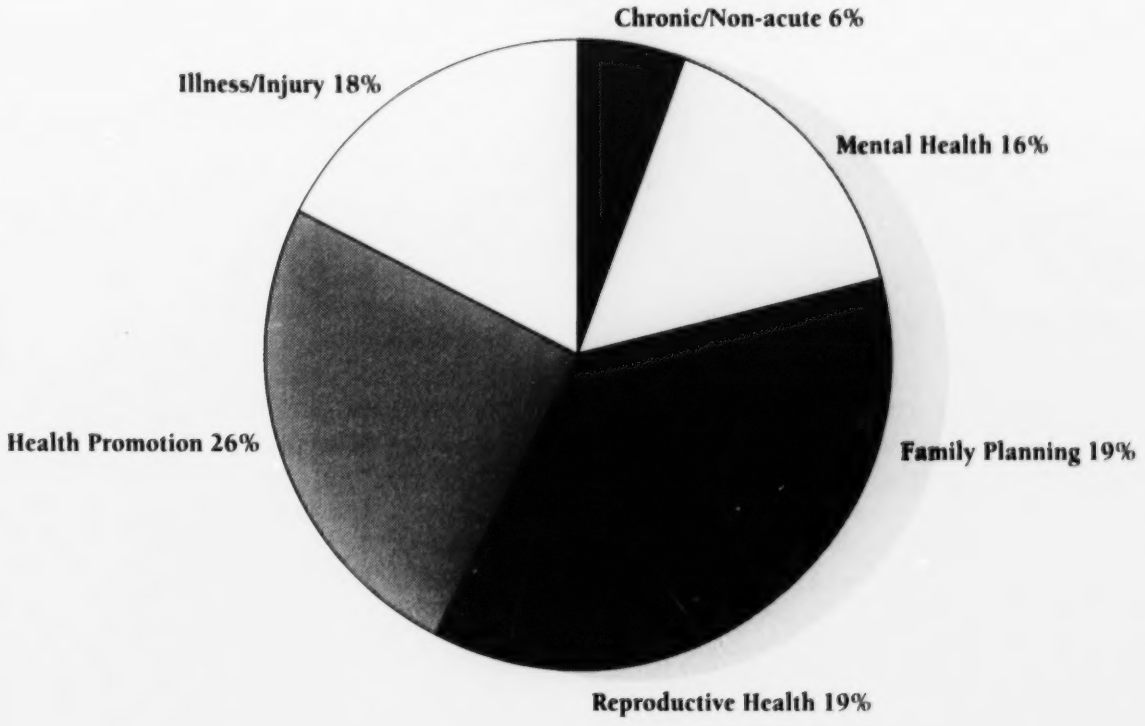
For a lot of our kids, since we are in a low income area, the only medical services that they receive are here at the clinic. If it weren't for the clinic, I don't know if they would recieve any medical services. We have a number of parents who, when they sign the consent form, inform us that they don't have any medical coverage whatsoever. And with the economy in the state that it's in, I think it would be a disaster if we didn't have the clinic here at the school. I believe that school-based clinics should be throughout urban areas.

One girl came in just saying she wasn't feeling well—we hear that all the time. But either she'd never seen a doctor or she got lousy care because we found right away that her heartbeat was really erratic. We were able to diagnose a serious heart condition and get her treated. It may have saved her life.

This one girl, a really good student, had never been absent. But the mother was having some troubles and she would go home and take care of her Mom in the evenings. In her senior year, four weeks before graduation, she told me she was dropping out. She said, "I can't take it any more. My mother's getting out of hand." I told her we would help her, but she had to promise she would finish school. I went to her house with her, talked to her Mom, and things got better. Her mother enrolled in a treatment center and the girl graduated seventh in her class. She's down at City Hall now. ”

Provision of Services

Medical and Other Individual Services School Year 1990-91



Illness/Injury:
- First aid
- Colds/flu
- Injuries
- Headaches
- Diarrhea
- Chest pain
- Blurred vision

Chronic/Non-acute:
- Anemia
- Asthma
- Bronchitis
- Hypertension
- Dermatitis
- Fatigue
- Vitamin deficiency
- Obesity
- Weight loss

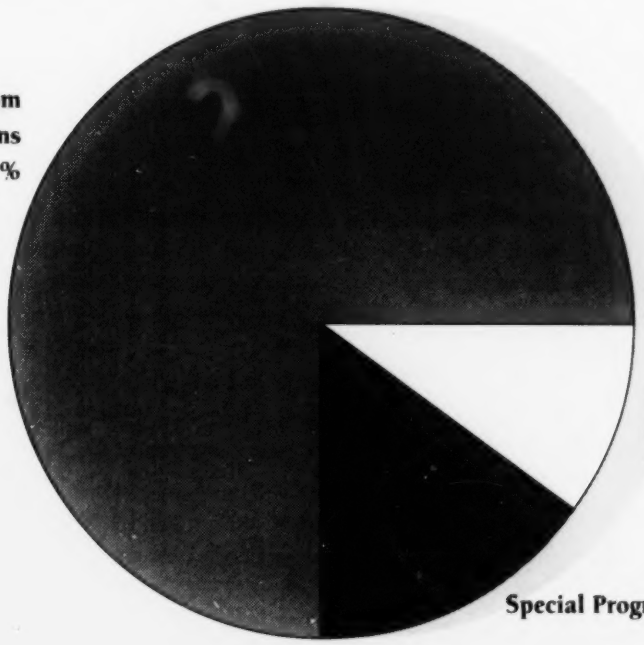
Mental Health:
- Individual counseling
- Consultations
- Crisis intervention
- Family/relationship counseling
- Child abuse reports

Health Promotion:
- Physicals
- Psychosocial assessments
- Immunizations

Reproductive Health:
- Gynecological services
- Pregnancy tests
- Prenatal/postnatal care
- Sexually transmitted diseases

Family Planning:
- Counseling
- Provision of contraceptives

Health Education and Group Services School Year 1990-91



Classroom Presentations:

- First aid
- Self esteem/Decision-making
- HIV/AIDS
- Nutrition
- Physical abuse
- Asthma
- Substance abuse
- Exercise
- Reproductive systems
- Stress management
- Contraception/Abstinence
- Sexuality
- Sexually transmitted diseases
- Goal setting
- Drop-out issues/Prevention
- Date rape
- Methods of communication
- Hypertension
- Personal hygiene

Special Programs:

- Ladies of Tomorrow (Crane)
- Male Responsibility (Orr, Crane & DuSable)
- Student Advisory Council (DuSable, Orr)
- Brisk Walk (Crane)
- AIDS Awareness (Orr)
- Prenatal (Orr, Crane & DuSable)
- Parenting (Orr, DuSable)
- Clinic Interns (Crane)

Community and School Outreach:

- Health fairs
- Local School Council participation
- Feeder school presentations
- Information booth at report card pick-up
- Teacher inservices
- Health center open houses
- School-wide health screenings

Special Programs

At each Ounce of Prevention adolescent health center, special programs have been developed to meet needs identified by students, to increase the school community's understanding of the clinic's services, and to respond to trends or problems identified by the health center staff. Depending on available resources, each clinic administers as many of the following programs as possible. Schools where the program is currently offered are indicated.

Funds to support these special groups must be raised through special grants, and are often scarce. Because of this clinic staff have frequently donated their own free time and funds to make these groups possible and successful.

Male Involvement

(DuSable, Orr, Crane)

Designed as both a draw for young men to use health center facilities and as a special program emphasizing self-esteem, goal-setting, and responsible behavior for young men, this program has been one of the most successful at all three clinics. With between 25 and 40 young men enrolled each year at each site, the Male Involvement group (also called "For Men Only") has a waiting list each year. Groups are planned and directed by men [either the health educators or, in the case of Orr, by the Nurse Practitioner (Cleve Holt) and two faculty volunteers]. Sessions are held during free periods or after school once a week. Participants hear from a variety of professionals about career planning, receive education on personal health issues, participate in peer support/conversation groups, take field trips (such as a tour of the Cook County Correctional facility, a trip to a local health center, or an evening at a symphony concert or the circus), and have recreational time as well for basketball. A special luncheon at Lawry's was a big hit with the Orr group: they were taught continental table manners by the home economics teacher, dressed up in coat and tie for the event, and were seen off by the principal and many students who praised their metamorphosis from teen toughs to gentlemen.

Ladies of Tomorrow (Crane, Orr)

Created in response to girls' requests for a group that would support and encourage those who are choosing to abstain from sexual involvement and postpone childbearing, Ladies of Tomorrow is flourishing at Crane. A similar group last year at Orr has been delayed in starting because of time constraints, but the 25 young women involved have been meeting in preparation for the full program taking shape as soon as possible. Also a program that focuses on peer support, self-esteem building, and health education, this group is a critical response to some teens' perception that support and special attention are reserved only for "problem" teenagers: those who become pregnant or exhibit other high-risk behaviors. Plans are in the works to develop a cotillion or some other end-of-year celebration that will highlight the achievements of these young women and reward their behavior in a significant way.

Brisk Walk (Crane)

Two years ago, Ms. Williams, the Secretary at Crane, noticed that a number of girls who came to the clinic for physicals were reluctant to be weighed. As someone who has battled extra weight herself, Ms. Williams decided that these girls could be helped by someone who empathized with them and would partici-

pate in a solution. She decided to organize a "Brisk Walk" class for young women: she wrote a proposal to raise funds to buy ten Walkmen, arranged with the principal and physical education teachers to allow gym credits for regular attendance, and convinced two other teachers in the school to help her coordinate the class. The girls responded eagerly, with close to 25 young women signing up in the first year. The clinic helps with nutrition education and follow-up on blood pressure and weight, and these girls who may have sat out entirely in gym before now spend three periods per week walking laps around the school's indoor track. A radio provides exercise music for those girls who don't get a Walkman, and the advisors get a workout, too!

Special Programs

Student Advisory Council

(DuSable, Orr)

As part of an overall strategy to improve the image of the health center among students and to increase peer referrals, both DuSable and Orr have established Student Councils of between 6 and 12 students for the health centers. In addition to receiving special health education themselves through presentations on subjects such as AIDS and sexuality, the students act as ambassadors for clinic, answering their peers' questions and helping advertise special school presentations. The students also help significantly at report-card pick-up: three times a year all parents are supposed to come to school to pick up their children's report cards. At that time, the health centers have a booth to advertise the clinic and usually run an open house at

photo/Carol Brussian

Terrence Lyda wins a prize because teacher Vanessa Brown failed to guess his weight before he stepped on the scale at DuSable High Scool's health fair, sponsored by the health center.

Special Programs

the same time. Student Advisory Council participants have helped explain the clinic services, done blood pressure checks for parents, and conducted tours of the facility. The students also hold small fundraising events and get treated to one or two special events, such as dinner out or a concert.

Prenatal (Orr, DuSable, Crane)

One of the original and ongoing goals of the adolescent health centers is to improve birth outcomes for teenage parents. Community statistics show rates of low birthweight and infant mortality higher than the national average. The prenatal education classes, which include birth training such as Lamaze, contribute to the strong record of normal, healthy births to clinic participants. Students are encouraged to bring their partners and learn proper nutrition and health care for pregnancy, study the development of the fetus, and talk about early parenting. At DuSable, Pat Jennings not only cooks a hot meal for each meeting, but provides small gifts for the parents-to-be such as a rattle or bib. These incentives help keep the attendance rates at these classes high, a constant problem with an adolescent population. The classes help reinforce the monthly medical visits that all prenatal patients must have as part of prenatal care.

Parenting (Orr, DuSable)

Although parenting issues are raised in the prenatal classes, both Orr and DuSable have organized classes for new parents to continue the support for parenting teens. Incentives such as food or a raffle help bring students in for these meetings. In addition to discussing child development and problems of day care and discipline, these groups give the students a chance to share their experiences with peers going through the same things. This aspect of the group is often the most beneficial: teen parents realize they are not the only ones having trouble, and often one parent can share a good idea with the rest of the group.

AIDS Awareness (Orr)

In cooperation with Cook County Hospital's Women and Children with AIDS program, Carl Hurdlik, the Health Educator at the Orr health center, organized an AIDS Awareness peer education program. Six students received education about HIV/AIDS and peer counseling techniques. Students conducted two peer-education sessions on HIV/AIDS, such as a school assembly or classroom presentations. All students finishing the training received a certificate.

Feeder School Outreach

(DuSable, Crane, Orr)

The Ounce's elementary school-based primary prevention programs, Peer Power and ADAM, operate in seven of the feeder schools linked to the health center high schools. As a way of preparing students to take advantage of the high school health centers, the Health Educators have become regular speakers within the Peer Power and ADAM programs. In this way, the Ounce hopes that both enrollment and utilization will be enhanced at the health centers because incoming freshmen will know who and what to look for in their new schools.

Toward Teen Health Administration

The Toward Teen Health program at the Ounce includes the three school-based health centers and the Ounce's elementary school-based primary prevention initiative called Peer Power and ADAM. Together, the two initiatives represent a seven-year commitment to Chicago's high-risk youth. Peer Power/ADAM begins as early as sixth grade, introducing community service opportunities, extra-curricular peer groups and activities, discussions of life skills and options, sexuality, and self-esteem, and information about healthy lives and lifestyles. In ninth grade, many of the Peer Power/ADAM students matriculate to one of the three high schools where Toward Teen Health has its health centers, allowing them to use their knowledge about managing their health and smoothing the transition to high school.

The Staff:

Saundra Lightfoot, Director

With the Ounce's primary prevention initiatives since 1982, Ms. Lightfoot became Director of Toward Teen Health two years ago, after serving as manager of the clinics. As Director, Ms. Lightfoot directs program development within the health centers, supervises the staff, and oversees all day-to-day activities.

"The health centers aren't important just because we provide a dozen assorted medical services. They're important because of their connective role for students and the community. We really try to be part of a network of community services. Not allowing ourselves to be isolated in the health center is something we've worked on, so students can find what they need when they need it. These communities change, and the ability of the program to adapt to that can spell success or failure. That's the real challenge: to shift with the community and build on our strategies so that we reach the people who need us most."

David Pate, Program Manager for Peer Power and ADAM

With an expertise in prevention programs for young men, Mr. Pate took over the Peer Power and ADAM programs in 1988 and, more recently, has been working with the health centers on Male Involvement and other special programs. His role is central to the growing connection between the Peer Power and ADAM initiative and the high-school based health centers.

"The link between the Peer Power and ADAM program and the health centers has developed naturally for the boys. We found that the kids got to high school and wanted to join some kind of group to keep connection with the ADAM program, so they were drawn to the Male Involvement groups. They connect with the Health Educators, and that's good because we know how much those kids are looking for that kind of adult relationship. With it, the kids can make it through school and know that someone's on their side."

Climentine Jones, M.D., Medical Director

A pediatrician with special expertise in adolescent health, Dr. Climentine Jones supervises all medical operations of the Ounce health centers. Her many responsibilities include hiring and supervising physicians, establishing medical protocols for the health centers, and always looking for ways to keep costs down while ensuring top quality health care.

"My major goal in working with the Ounce's adolescent health centers is to provide the highest quality medical care in a holistic, caring environment. I try to make sure that students feel that their needs are our primary focus and nurturing is our primary goal."

Maria Alicia Sierra, Program Assistant

Ms. Sierra came to the Ounce in August of 1991. Her varied background in social service included a stint as a case manager at a men's shelter, and designing a program for Hispanic youth at the Evanston YMCA. In addition to assisting Ms. Lightfoot with all aspects of the health center's administration, Ms. Sierra also spends time helping at the school sites, sometimes working on data entry or greeting students at the front desk.

"You'd think that with everything they live with, everything they have to face in those neighborhoods, the students would just be these big, dense pieces of armor. And then you see them in the clinic, and they're just kids. It's encouraging, really, that they can hang on to their youthfulness, their spirit. "

DuSable High School

Mr. Charles Mingo, Principal

Located on Chicago's South side, DuSable High School draws students from the Robert Taylor Homes public housing development and the surrounding Grand Boulevard, Fuller Park and Washington Park communities. With a predominantly low-income, African-American student body, DuSable is comprised of Chicago adolescents at highest risk for health problems such as asthma, poor nutrition, sexually transmitted diseases and HIV/AIDS, teenage pregnancy, low-birthweight births, violence-related injury and stress. Substantial numbers of the students, either because they lack the means, the knowledge, or the motivation, do not receive regular, preventive health care.

Katherine Bogan DuSable Adolescent Health Center

The first of the Ounce of Prevention's adolescent health centers, DuSable's clinic has been in operation since 1985. Located on the first floor of the building, the clinic has two examination rooms, a small meeting room, and four work stations for staff and administrative support. Although a small health center, DuSable's rate of care has grown steadily since it opened: with a student population that has fallen by half, DuSable's health center has maintained an average of close to 3,000 visits per year and has raised its utilization rate to above 90%. In the last school year, DuSable increased its physician coverage to five half-days per week to cover medical services during the temporary absence of a nurse practitioner.

The Staff:

Patricia Rodgers-Jennings

MEDICAL SOCIAL WORKER

Now in her fifth year at DuSable, Ms. Jennings has seen DuSable's clinic come into its own while the community has lost more and more services. Taking on harder problems with less community help, Ms. Jennings has not lost her dedication to the teenagers. This year at DuSable, she has served as interim Site Manager in the absence of a nurse practitioner. Still, she continues to care for the prenatal classes, cooking a hot meal for the participants at each meeting so that they would be ensured nutritious food.

"We have students returning after graduation and sharing with us all of their experiences. I believe that the clinic as a whole has been a tremendous support, offering students something they weren't getting anywhere else. The fact that we're here is important: we're genuinely interested in their grades and their futures. We encourage students to set goals for themselves and strive to obtain them, and we're here to help them. If they're not in the top ten, they can get lost in the system. And they come to us."

Phillip Hampton

HEALTH EDUCATOR

Just two years ago, the clinic staffs were reconfigured to include a full-time health educator at each site. Mr. Hampton, formerly a teacher at DuSable, has been instrumental in expanding the reach of the clinic into the school and community. In addition to teaching up to 30 classroom sessions each month, Mr. Hampton runs a special "For Men Only" male responsibility program for 25-35 young men, participates in school committees on drug and alcohol abuse

DuSable High School

prevention, does outreach to DuSable's feeder schools and works with the Ounce's Peer Power/ADAM programs for sixth, seventh, and eight graders.

"We have to understand that learning is a continual process. A lot of my [For Men Only] members have very low self-esteem, and it's not by choice. It's because of the way they've been treated. So I try always to instill in them that they have something to be proud about, because they are worth something. I emphasize that although it's a struggle, they should continually try to do their best with whatever they do."

Brenda Holmes

MEDICAL ASSISTANT/COMMUNITY LIAISON

Ms. Holmes has been with the DuSable health center since its first day and lived in the community for 18 years. A key community liaison because of her ties to the area, Ms. Holmes serves on the Local School Council (LSC) for Senn High School, but still attends DuSable LSC meetings both for the health center and because her daughter is a student in the school.

"I love the children. They want to come in here and hang out, and sometimes you can't get rid of them: you think they're gone, but they don't close the door all the way, and they come back in and hide in the corner. You know why? Because it's quiet in here. It's peaceful. There's not going to be any arguments, there's not going to be any fighting, any screaming. So they just want to come. This year it seems they have more need to be accepted and to be loved."

Shirley Young

SECRETARY/DATA ENTRY SPECIALIST

Ms. Young came to the DuSable health center after training as an English teacher and serving as a medical assistant and supervisor at a community clinic. Her many talents have allowed the clinic to develop a Student Council drawn from the Health Occupations vocational program at DuSable.

"Some of these kids don't have people who care, and that makes it more difficult for those who do care to give consistent and well-managed services. What I try to do is give enough discipline and learning experiences in this group to help them go out in the world and fit in, because right now they won't. I want them to understand that, as you grow older, the behavior you exhibit as a child will not be accepted any more. That is what should be taught in high school. I try to be consistent, to be a person they can depend on to be a certain way all the time. And, hopefully, they will be that type of person for someone else. I know that we can teach our children only so much out of books; there has to be a lot that is learned from adult role models. I can only hope that my students are getting some of that from me."

CLOSE-UP ON SITES:

DuSable High School

Demographics 1991

Total Student Population	**1214**
Health Center Enrollment	**1143**
Females	**53%**
Males	**47%**
Total Medical Visits	**2648**
Total Health Education Classroom Presentations	**191**

Student Comments

"I think the clinic is great because you don't have to leave school to see a doctor."

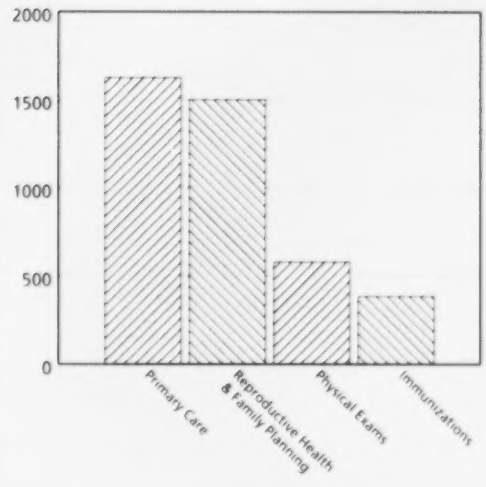
"I think the staff is doing a good job with the students in keeping them healthy and in school. I think it is a very dedicated clinic and they care about the students."

"Just keep up the good work!"

Highlights

- **Halloween Party and Tour**, attended by 300 enrolled students who had not yet used the health center.
- **Health Education Day** for 100 faculty and administrators to learn about community agencies and health issues.
- **Spring Health Carnival**, a day of health-related games and activities for over 1,000 students.

Types of Encounters



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➤ **Physical Exams:** Routine, sports, and diagnostic physical exams. Also includes psychosocial assessments, a required part of every new student's initial visit.

➤ **Immunizations:** Immunizations administered to clinic users throughout the school year.

Rezin Orr Community Academy

Dr. Kenneth Van Spankeren, Principal

Serving the Humboldt Park and West Garfield communities, Orr High School has attracted numerous special programs to meet the pressing needs of its high-risk student body. Under the aggressive leadership of Dr. Van Spankeren, Orr has become a lighthouse school for the community, and houses a Head Start program and an infant day care center. This low-income and working class community copes with a variety of disadvantages: 50% of families with incomes below the poverty line, single parent house- holds, drug-related crime and gang activities, and poor health services.

Orr Adolescent Health Center

The anchor of a "health triangle" in one corner of Orr's main floor, the adolescent health center plays an integral role in the life of the school. Opened in the 1986-87 school year, the health center not only provides care for registered students at Orr, but also is available to the Head Start participants across the hallway and will offer morning health screenings for the new infant/toddler center around the corner. In addition, the Health Center is a WIC site for pregnant and parenting teens. Orr has physician coverage four half-days per week.

The Staff:
Cleve Holt

NURSE PRACTITIONER/SITE MANAGER

The manager of the health center since the day it opened, Mr. Holt is the guiding light of the clinic. In addition to the daily appointments, Mr. Holt helps run the Male Responsibility group and serves as a school and community liaison for the clinic.

"These kids are in a situation where there are drugs and gangs between home and school. And it's increasing. Sometimes when students come in for their first physical, we do a family history. That's when the real problems come out: that parents are separated, that they've been moved to an aunt's house, or their brother is on drugs. You have to understand how many things are going on. Sometimes I'll tell a kid to just sit for a while and then we'll have a chance to talk: go get a pop or make popcorn in here, allowing them to relax and be comfortable. Sometimes kids are being pushed too hard. Just being an adolescent is difficult enough."

Cassandra Johnson

SOCIAL WORKER

Finishing her first year at Orr, Ms. Johnson came to the health center from an adolescent health program at Mt. Sinai Hospital Medical Center, the medical provider for the three Ounce clinics. Though new at Orr, Ms. Johnson is not new to teens or their problems and is adjusting to life in the school setting rapidly.

"I think if it were left up to the students themselves, everyone in the school would be registered* [in the health center]. *But I think starting at high school is starting too late. We need to be realistic: if you want to prevent something, you start as early as possible, maybe with first grade health education. Young children are more open to learning, so we should start then and build on it. With teens, it's harder to tell. You don't know how they think. One minute you might get right through to them, the next minute, who knows?"

CLOSE-UP ON SITES:

Rezin Orr Community Academy

Carl Hurdlik
HEALTH EDUCATOR

New to the health center in the summer of 1990, Mr. Hurdlik has greatly expanded the health center's ability to reach out into the school community. This year, he finished formalizing the classroom curricula on a variety of health education topics and pilot tested a special AIDS Awareness program.

"One thing we really stress here is not simply to diagnose the problem, give the medicine and send a student on his way. Here at the clinic we let students know we'll do an exam, and before they get any kind of treatment, we'll explain the problem, how to use the medicine, whatever is necessary. That reinforcement tells them why they're getting this treatment and why they need it. That helps them in the future as well. So we're paving the way for prevention in terms of health behavior and the way they think."

Louella Williams
MEDICAL ASSISTANT/RECEPTIONIST

Ms. Williams is a veteran of the Orr health center, starting on its first day of operation. Last year, a group of female students approached her with the idea of starting a support group for girls who are not sexually active. Happy to help a group that tends not to get much attention, Ms. Williams began "Ladies of Tomorrow," a special program to support and encourage girls who have chosen to postpone sexual activity. There are currently 25 young women participating.

"Kids need someone to care, someone to listen, to really listen to them. When I started, I never realized that young people had so many problems. And, believe me, they have a lot of problems. Lots of times, kids are catching hell at home, hell out in the streets, and they walk through the front door and the security guard gives them hell. By the time they get to the classroom, they explode. Kids are searching, they're absolutely searching. So we've got to come up with some way of doing something, and the whole school has to be a part of it. We're only a small portion. But we're a family here in the clinic. I think that's why the kids will come to us more, because they recognize us as being a family. They recognize that when they come to us with problems, it's confidential, and that we won't look down on them."

Queen Flowers
SECRETARY/DATA ENTRY SPECIALIST

With the health center since June of 1990, Ms. Flowers is never happy unless she's within working distance of her computer. A whiz at the keyboard, she is able to help out in the clinic, talk to an occasional student, and keep the formidable paperwork flowing smoothly.

"Kids need friends, just like I did as a younger person. Everybody needs to talk to someone. You're going to latch on to someone older when you're young, but you can latch on to the wrong person, who will tell you the wrong things to do in life. Being part of the clinic is being a friend and telling students when we think they did the right thing. One young man came to see me at the end of the summer, and it brought tears to my eyes. I didn't know he had that attachment. He's in pre-med now. And I root him on."

Rezin Orr Community Academy

Demographics 1991

Total Student Population	**1418**
Health Center Enrollment	**990**
Females	**47%**
Males	**53%**
Total Medical Visits	**2377**
Total Health Education Classroom Presentations	**141**

Highlights

- **Vision Screening** screened 200 students, uncovering 80 teens in need of glasses. Follow-up exams and glasses were provided free of charge.
- **Drug Awareness Week**, a school-wide focus on drugs and prevention.
- **AIDS Seminar**, an education forum for 300 students on HIV and AIDS.

Student Comments

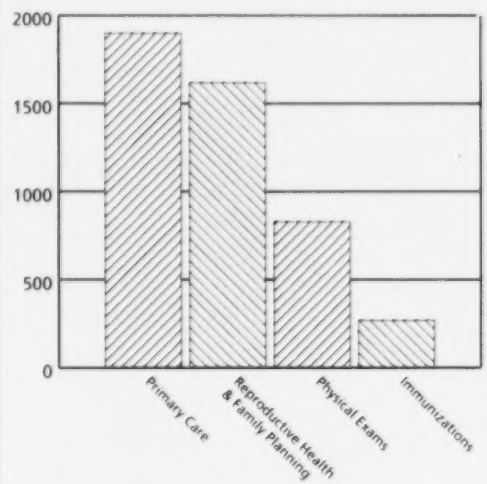
"I like the attention given; it's like a big brother or sister."

"I wish the clinic was bigger and the staff larger."

"The clinic is the best thing. The staff talks and explains things well."

"The clinic is good and understanding with student problems."

Types of Encounters



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➤ **Immunizations:** Immunizations administered to clinic users throughout the school year.

CLOSE-UP ON SITES:

Crane High School

Mr. Melver Scott, Principal

Not far from the Chicago Stadium and the Henry Horner Homes public housing development, Crane High School's large school facility and grounds have been occupied by fewer students each year. With the closing of Metro High School, Crane has welcomed a new batch of students and may invite enrollment in the future from other neighboring high schools as budget cuts continue to consolidate high school opportunities in Chicago's inner-city. The neighborhood is troubled by high unemployment, high crime, and gang violence. Predominantly African American, about 70% of students are from low-income households.

Minnie Huginnie Crane Adolescent Health Center

Supported by funds from the Illinois Department of Public Health, the Crane adolescent health center opened its doors five years ago, making it the newest of the three Ounce of Prevention Fund school-based health centers. Thanks to the generous space afforded by the building and a sensitive design, the clinic is light and airy, with three exam rooms, administrative desks at the back, and a comfortable waiting area. Crane currently has physician coverage three half-days per week. Crane is making plans to expand its service base, responding to a Local School Council request to provide health services to students from nearby Cregier High School. This extension of services could double the number of students receiving health care through the Crane health center.

The Staff:

Phyllis Watson

NURSE PRACTITIONER/SITE MANAGER

New to Crane in 1991, Ms. Watson came from private practice in Indiana and work at Cook County Hospital. Ms. Watson brings a dedication to teens and a sympathetic understanding of their needs to her new job at Crane.

"Another thing that's lacking in this population is self-esteem. There's a lack of hope, a lack of motivation. Good self-esteem and having future plans are part of being a healthy person. Here in the clinic we want to know the whole student, not just anatomically and physiologically what's going on, but what's going on with their mental health, their attitude toward themselves and toward the people they socialize with. All of these things need to be addressed."

Francine Morgan-Anderson

SOCIAL WORKER

A welcome addition to the Crane team, Ms. Anderson joined the health center in January of 1992. She brings with her a keen appreciation of the pressures facing students and a desire to help them identify their personal strengths.

"To me, building self-esteem is extremely important, particularly in light of the negative environment these kids have to live in. The clinic helps these kids to share and understand their cultural experiences, thereby building their self-esteem and ultimately creating positive changes in their lives.

Keith Winn

HEALTH EDUCATOR

Like the other clinics' Health Educators, Mr. Winn has developed a new world of health education opportunities available through the

health center. His Male Responsibility program, classroom presentations, and work with the elementary-level Peer Power/ADAM programs have quickly made him a popular and indispensable member of the clinic team.

"It's hard to tell how successful a program is. You usually can't tell until years down the line whether what you tried to get across to students really worked. I hope for them to be responsible, to think before they act. If they commit themselves to a situation, I want them to think about it: could this cause harm to me, to my family, to my friends? I try to encourage them to be ambitious, to try to focus on setting goals for themselves, to think about the future instead of just now, and what they want out of life. I want the men to be examples and leaders in their own communities, to tell others how to be productive, and treating others with respect. I would like them to be successful, and success doesn't just mean having a lot of money; I tell them success is doing what you like to do, whatever it may be. I just want them to be the best that they can be."

Linda Williams

CLINICAL SECRETARY/DATA ENTRY SPECIALIST

Not content just to cover all the secretarial and data entry work, Ms. Williams noticed that many girls at the clinic were refusing to be weighed at the clinic and decided to initiate a "Brisk Walk" class for overweight young women. Originally planning on a group of 10, Ms. Williams now has 23 girls enrolled or waiting to join, and persuaded the principal to grant Physical Education credits for the class.

"The kids come in and talk about different things: gangs and recruitment (going home they can't cross a certain area), grades. They let us look over their report cards. They also have questions about general health issues. We had an open house for students and they had lots of questions. All questions are answered on an individual basis; it's personalized. Because these kids get shuffled around so much, they get lost in the system. If we don't deal with their situation, their issues, right here, we might lose them."

Lillie Moore

MEDICAL ASSISTANT/RECEPTIONIST

A member of the Health Center staff since it began, Ms. Moore is the first face most students see when they come into the clinic. By now a confidante of many students, Ms. Moore not only prepares the students for their medical exams, she often is the first person to hear the real problems that bring teens into the center.

"Once they're in the room and I've checked their vital signs, they talk to me about everything. Normally, I'll ask them how they've been doing, and that opens the door for them. Then they'll tell me, 'you know what happened to me: I was in the hall and this guy bumped me...' We had one student who told me four girls jumped on her because they wanted her to join a gang. And they hit her in the head. They won't say too much at the front desk, but I can tell. So we get back in a room and I say, 'just talk.' And they talk. They need someone to tell."

CLOSE-UP ON SITES:

Crane High School

Demographics 1991

Total Student Population	**825**
Health Center Enrollment	**541**
Females	**50%**
Males	**50%**
Total Medical Visits	**1373**
Total Health Education Classroom Presentations	**93**

Student Comments

"I am glad it is there, especially in case of emergencies."

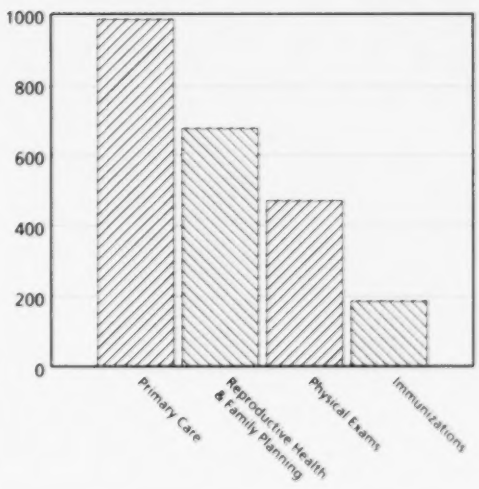
"I like the clinic very much and I love the way the staff treats you; they are very nice people."

"I think the clinic in my school is very good and I think some other schools should get the same thing."

Highlights

- **Health Fair.** Ten community agencies participated in a day-long event attended by over 550 students.
- **Health Center Interns.** More than forty students applied to be one of two volunteer interns who will work in the health center.
- **Prenatal Class.** Several guest speakers affiliated with Mt. Sinai Hospital's obstetrics department addressed participants in this special program.

Types of Encounters



➤ **Primary Care:** Diagnosis and treatment of illness, injury and chronic disease, and counseling for personal/emotional problems.

➤ **Reproductive Health Care and Family Planning:** Gynecological services, diagnosis and treatment of sexually transmitted diseases, abstinence counseling, prenatal care, and provision of contraceptives.

➤ **Physical Exams:** Routine, sports, and diagnostic physical exams. Also ncludes psychosocial assessments, a required part of every new student's initial visit.

➤ **Immunizations:** Immunizations administered to clinic users throughout the school year.

Funding

In fiscal year 1992, the budgets for the Ounce of Prevention Fund's three high school-based health centers total just under $1 million, covering all program and administrative costs. The DuSable and Orr centers receive financial support from the Illinois Department of Public Aid, the Robert Wood Johnson Foundation, and a consortium of other private donors originally coordinated by the Harris Foundation. The Illinois Department of Public Health provides the majority of funds for the health center at Crane High School. At all three sites, the Chicago Board of Education contributes space, utilities, maintenance, and security for the centers during school hours.

Public and private funds for the first eight years of operation were committed to the Toward Teen Health program before the first health center opened its doors. That funding package, tightly prescribed both by matching grants from the Robert Wood Johnson Foundation and by the public monies we receive, will expire over the next few years.

Although all three health centers receive reimbursement for serving Medicaid-eligible clients, the Ounce of Prevention Fund continues to seek new private and public contributions to support the program's future operations and new program development. Establishing a secure base of support for the clinics will enable the Ounce to expand services, improve outreach to students and communities, and provide innovative health education and prevention programs within the health centers.

The contributors listed below made it possible for the Ounce of Prevention Fund to establish the Toward Teen Health program. We are deeply grateful to all of them for their support.

PUBLIC FUNDING

The Illinois Department of Public Aid
The Illinois Department of Public Health
The Chicago Board of Education (in-kind)

PRIVATE FUNDING

The Robert Wood Johnson Foundation
Pittway Corporation Charitable Foundation
The Chicago Community Trust
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The Joyce Foundation
The Albert Pick, Jr. Fund
The Field Foundation of Illinois, Inc.
The Robert R. McCormick Tribune Foundation
M.R. Bauer Foundation
Dr. Scholl Foundation
New Prospect Foundation
General Service Foundation
Relations Foundation
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W.P. & H.B. White Foundation
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Harrison Steans

Toward Teen Health

The Ounce of Prevention Fund
188 West Randolph, Suite 2200
Chicago, Illinois 60601
(312) 853-6080